

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

26673

Registration District No.

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2626a Oregon  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Albert Eiswirth3. (b) If veteran,  
name war

3. (c) Social Security

No. 488-09-09224. Sex Male 0  
5. Color or race White6. (a) Single, widowed, married,  
divorced Married6. (b) Name of husband or wife  
Minnie Eiswirth6. (c) Age of husband or wife if  
alive 42 years7. Birth date of deceased January  
(Month)29  
(Day)1897  
(Year)

8. AGE:

Years

Months

Days

If less than one day

4457

hr. min.

9. Birthplace St. Louis

(City, town, or county)

Mo.

(State or foreign country)

10. Usual occupation

Salesman

11. Industry or business

Liquor12. Name Christian Eiswirth

13. Birthplace

Germany4  
(State or foreign country)

14. Maiden name

Annie Peters

15. Birthplace

St. Louis

(City, town, or county)

Mo.

(State or foreign country)

16. (a) Informant Minnie Eiswirth(b) Address 2626 Oregon17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 8/7/41

(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director

Schumacher & Co.(b) Address 3014 S. Meramec19. (a) AUG - 7 1941  
(Date received local registrar)(b) J. A. Fredrick  
(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 239  
(d) Street No. 2626a Oregon  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5  
year 1941 hour 12.45 minute A. M.21. I hereby certify that I attended the deceased from Aug. 3 1941 to Aug. 5 1941  
that I last saw him alive on Aug. 4 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis

Duration

1 yr

Due to

Acute Pleurisy

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work?

(e) Means of injury

23. Signature

J. M. Turner (M. D. or other)Address 3014 S. Jefferson Date signed Aug 7/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**George N. Archambault**

Registered Apprentice No. **XXXXX**

working under my personal supervision.

Signed

*George N. Archambault*

Licensed Embalmer No. **2906**

P.O. Address **3013 Meramec.**

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**